									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD									11	17	90,5	582
· Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	06		THAN'
TOTAL CLAIMS			5			:	1	RATI	FEE	7 .	RATE	FEE
FOR .			MUMBE	MUMBER FILED		NUMBER EXTRA		BASIC	EE 385.00	o loa	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS .			5 minus 20a.		•	. 0		XS 9		OR		
INDEPENDENT CLAIMS			/ minus 3 e		B			X43:	-	OR	VOC	-
14	ULTIPLE DEPE	NDENT CLAIM P	RESENT					-145		7	÷290∗	
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTA		OR	TOTAL	
CLAIMS AS AMENDED - PART II OTHER THAI												THAN
1	1/14/05	(Cotumn 1)		(Colum	mn 2) (Calumn 3)			SMAL	L ENTITY	OR	SMALL ENTITY	
HTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	est Her USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	-5		•		XS 9:		ОЯ	X\$18=	
E E	Independent	. /	Minus	<u> </u>		•		X43=	:	OR	X86=	
Ľ	FIRST PRES	SENTATION OF MULTIPLE DEPENDENT CLAIM					J	+145=		OR	•290•	
									<u>u</u>	4	TOTAL	·
		0.2	RUE					ADDIT. FE	Ē	JOR	ADDIT. FEE	
_		(Cotumn 1)	7 (5	(Colum		(Cotumn 3)	l r		ADDI-	اسرا		ADD1-
18	4-18-06	REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL	1	RATE	TIONAL
AMENDMENT	Total	. 5	Minus	- 7	0	-0	l	x39=	1/	OR	X\$18=	7.5
E E	Incopendent	· /·	Minus	- 3	?	- 0	1	X43=	√	OR	X86=	
Ľ	FIRST PRESE	ntation of M	ILTIPLE DE	PENDENT	CLAIM		1	-145	1.	OR	+290s	
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		444			5 643 6		,	ST. FE		JUH ,	ADDIT. FEEL	
		(Column 1) CLAIMS		(Colum		(Column 3)		<u>'.</u>	1			·
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB	ER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• .	Minus	-		.		X\$ 9-		OR	'X\$18-	
	independent	•	Minus	***		8	l	X43=			X86=	\dashv
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	CLAIM		H			OR		
• 6	I The entiry i n color	nn 1 is legs than th	e entry in enh	ma2. ≃de 1	IT to est-		·L	+145=		OR	+290=	
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"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter ")." The "Highest Number Previously Paid For" (Total or Independent) is the trignest number found in the appropriate box in column 1.												
FORM	PTO-075 (Rev 10	•			_	<u> </u>	-		onus,Office, V			